

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Injection
well well

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 330' FNL X 2310' FEL, Unit B
AT TOP PROD. INTERVAL: Sec. 31, T-8-S, R-35-E
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	

5. LEASE
NM-0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Horton Federal

9. WELL NO.
24

10. FIELD OR WILDCAT NAME
Milnesand-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
31-8-35

12. COUNTY OR PARISH
Roosevelt

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4220' RDM

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in service unit 7-14-82. Pulled tubing and packer. Repaired packer. Ran tubing and packer. Set packer at 4578'. Moved out service unit 7-15-82. Returned well to injection.

0+4-USGS,R 1-HOU 1-SUSP 1-CLF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Cathy L. Johnson TITLE Ast. Adm. Analyst DATE 8-4-82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: NOV 1 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

